

**Conclusions:** Our results indicate the modified Karydakis technique is an effective day-case procedure for pilonidal disease, carries minimal risk of complications and is curative in most cases.

## 0088 RECALL OF THE CONSENT PROCESS AND UNDERSTANDING OF BLOOD TRANSFUSION AMONG SURGICAL PATIENTS – ARE WE GETTING IT RIGHT?

Emma L. Court, Jan A. Robinson, David B. Hocken. *Great Western Hospital, Swindon, Wiltshire, UK*

**Aims:** Patients should be informed about the risks and benefits of transfusion, but studies highlight inconsistency and the patient perspective is lacking in current literature. We assessed patient recall of the consent process, information conveyed and ease in understanding discussions concerning blood transfusion.

**Methods:** A questionnaire was used to assess patient recall. All 148 adult surgical patients for whom blood was cross matched over a two-month period were sent postal questionnaires, whether transfused or not.

**Results:** Seventy-two questionnaires were returned. Forty-five patients said someone explained they might need a transfusion; of those, 40 felt the reason why was explained. Only 25 felt informed of what blood transfusion involves. Twenty-three patients said information was explained clearly, but only 13 were aware of an information leaflet. All those receiving a leaflet said they read it and had no questions. Recall of transfusion risks was low, with just 12 patients informed of risks. Despite this, 29 patients were satisfied overall with the information they received.

**Conclusions:** A leaflet would increase the information available to patients and can be distributed relatively easily. These are currently being introduced at each bedside, in pre-operative patient information packs and in Outpatient Clinics, with re-assessment planned in six months.

## 0091 CHANGE IN PRACTICE LEADS TO MORE EFFECTIVE BLOOD CROSS MATCHING SCHEDULE FOR ELECTIVE AND EMERGENCY VASCULAR SURGERY PATIENTS AT ST GEORGE'S VASCULAR INSTITUTE

Richard Bamford, Andrew Hall, Ali Navi, Mark Gumbidge, Stephen Black, Ian Loftus. *St George's Vascular Institute, London, UK*

**Introduction:** Preoperative blood cross matching schedules may lead to a waste of valuable resources. This aim of this study was to demonstrate that modernizing a cross matching schedule reduces inappropriate blood ordering, saves money and maintains patient safety.

**Method:** A retrospective case review study was conducted of all patients admitted to a regional vascular centre from June 2009 to October 2009 and the crossmatch:transfusion ratio calculated per procedure. Following evaluation of this a new cross matching protocol was introduced. Further case reviews were carried out from March 2010 and assessed according to the same parameters.

**Results:** In the first cycle 272 units of blood were cross-matched of which 218/272 (80.1%) were unused. The overall Crossmatch: Transfusion (CT) ratio was 5:1. Following implementation of the new protocol, 183 units were cross-matched with the proportion of unused blood falling to 61% and a CT ratio of 2:1. Representing a potential departmental saving of £90,000 per year. Within this period, none of the patient's with a 'group and save' sample required intra-operative blood transfusion.

**Conclusion:** This complete audit cycle highlights the successful implementation of forward-thinking clinical protocol. Meaningful change was achieved to an antiquated system with potentially significant financial savings while maintaining patient safety.

## 0096 SUTURELESS THYROIDECTOMY USING LIGASURE IS SAFE AND RESULTS IN SIGNIFICANT OPERATIVE TIME SAVINGS

Christopher Horner, Hugh Ross. *Broomfield Hospital, Chelmsford, Essex, UK*

**Aim:** To assess the results of thyroidectomy using the Ligasure device and compare them with the published figures in The British Association of Endocrine Surgeons "Second National Audit Report 2007"

**Methods:** Retrospective observational study. Clinical records for patients who underwent thyroidectomy, under one consultant between 1st January 2000 and 31 December 2009 were reviewed. 168 out of a possible 282 sets of notes were obtained. Complications were recorded and compared to nationally published data. Operation time was compared pre and post Ligasure introduction in Jan 2006.

**Results:** 97 consecutive cases using Ligasure (36 total thyroidectomies, 61 lobectomies) and 71 historical controls pre-Ligasure (35 total, 36 lobectomies) were studied. Age and sex distributions within all groups were equal. Complication rates were comparable to those published in the Second National BAETS Audit Report 2007 for all events except voice change. There was no increase in post-operative vocal cord palsy or hypocalcaemia. Mean operative time was significantly shorter using Ligasure for both total thyroidectomy (mean 116mins vs 153mins,  $p=0.0000168$ ) and lobectomy (mean 77.1mins vs 93.2mins,  $p=0.00130$ )

**Conclusions:** Sutureless thyroidectomy using Ligasure is safe with complication rates comparable with the nationally reported figures. Ligasure thyroidectomy results in significant savings in theatre time.

## 0097 JUNIOR DOCTORS IN THE ENT EMERGENCY CLINIC AND THE EFFECT ON PATIENT CARE

Adal Mirza, Mat Daniel, Lisha McClland, Nicholas Jones. *Queens Medical Centre, Nottingham, UK*

**Introduction:** Many conditions seen in the ENT emergency clinic can be treated on an ambulatory basis. Changes to training mean junior doctors rotate every four months and fewer have previous ENT experience. Admission and discharge without follow up rates can be seen as markers of competence and quality of patient care. This study reviews admitting and discharging habits of junior doctors in an ENT department, comparing the first and last two months of their attachments.

**Methods:** Data was prospectively collected on emergency clinic attendees (06/08/2008–31/07/2010). Three key conditions, epistaxis, foreign bodies and otitis externa were also reviewed, alongside analysis of individual doctor cohorts.

**Results:** 2289 patients were seen during the first and 2504 during the second two months of each cohort. Although admissions did not change significantly, the proportion discharged rose (50.7v56.6%, Chi-squared  $p<0.001$ ). Admission of epistaxis patients fell (66.1v36.6%,  $p=0.001$ ) and discharge increased (27.4v54.9%,  $p=0.001$ ), but no significant changes were seen regarding foreign bodies and otitis externa.

**Conclusion:** Experience amongst junior doctors has an impact on patient care as judged by admission and discharge rates. Patients should be treated by doctors with skills to provide the best possible care. Senior input into emergency ENT training is welcome.

## 0102 ESTABLISHING CONSTRUCT VALIDITY IN AN ANIMAL TISSUE MODEL FOR LAPAROSCOPIC RIGHT HEMICOLECTOMY: A FEASIBILITY STUDY

Daniel Stevens<sup>1</sup>, John Mason<sup>1</sup>, Jared Torkington<sup>2</sup>. <sup>1</sup>Cardiff University School of Medicine, Cardiff, South Wales, UK; <sup>2</sup>Welsh Institute of Minimal Access Technology, Cardiff, South Wales, UK

**Background:** Surgical simulation is of increasing importance with the advent of working time directives and may eventually fill the gaps in surgical education that have been created.

**Aims:** To assess the feasibility of establishing construct validity in a novel animal tissue model for laparoscopic right hemicolectomy.

**Materials & Methods:** Participants performed two defined sections of a laparoscopic right hemicolectomy using the model developed. The procedures were marked independently by video using the L-CAT Objective Structured Assessment of Technical Skills (OSATS). Participants scores in all domains were compared to the number of real-world lead laparoscopic operator procedures they had performed.

**Results:** Six participants completed a total of 16 procedures. Laparoscopic experience showed a significant positive correlation with performance during the exposure ( $p=0.005$ ) and vascular pedicle ( $p=0.05$ ) sections, and the total time taken to complete the task ( $p=<0.001$ ). Laparoscopic

experience also correlated significantly and positively with technical skill ( $p=0.02$ ) and less errors ( $p=0.04$ ). A strong positive correlation was seen in all other measures.

**Conclusions:** This study was able to distinguish surgeons based on their real-world laparoscopic experience using a novel animal tissue right hemicolectomy model. Thus, the construct validity of the platform is established in this feasibility study.

## 0104 DIAGNOSTIC VALUE OF PRE-OPERATIVE INVESTIGATIONS IN ACUTE APPENDICITIS

Sheraz Markar, Ivana Kolic, Joey McGugh, Giles Bond-Smith, Soumil Vyas, Majid Hashemi. *University College London Hospital, London, UK*

**Introduction:** The aim of this study was to prospectively evaluate the diagnostic value of admission total white cell count (WCC), C-Reactive Protein (CRP), Neutrophil:Lymphocyte ratio (NLR), Ultrasound and Computerised Tomography (CT).

**Methods:** Admission WCC, CRP and NLR were recorded, as were preoperative USS and CT results if performed. ROC curve analysis was used to assess the diagnostic accuracy of WCC, CRP and NLR. Specificity and Sensitivity were calculated for USS and CT.

**Results:** 200 patients were referred to the general surgical department with an average age of  $30.2 \pm 15.9$  years. 98 patients underwent appendectomy (50 were laparoscopic procedures). 15 patients had post-operative complications. 72 patients had histology that was positive of acute appendicitis. ROC curve analysis demonstrated the greatest sensitivity of WCC (AUC 0.826, 95% C.I. 0.764 – 0.888,  $p<0.001$ ), followed by NLR (AUC 0.796, 95% C.I. 0.733 – 0.859,  $p<0.001$ ) and then CRP (AUC 0.633, 95% C.I. 0.555 – 0.711,  $p = 0.002$ ). USS sensitivity was 46.2% and specificity 87.5%. CT sensitivity was 100% and specificity 75%.

**Conclusion:** WCC has a good diagnostic accuracy compared to NLR and CRP in predicting acute appendicitis. CT has a greater sensitivity and specificity than USS.

## 0110 THE FEASIBILITY AND EARLY RESULTS OF FENESTRATED ENDOGRAFTING FOR JUXTARENAL ABDOMINAL AORTIC ANEURYSMS

M.A. Sharif, M.J. Clarke, L. Wales, J.D. Rose, R. Williams, M.G. Wyatt. *Freeman Hospital, Newcastle upon Tyne, UK*

**Aims:** To assess the early results following fenestrated endovascular aneurysm repair (F-EVAR) for juxtarenal abdominal aortic aneurysm from a single centre.

**Methods:** Data were collected prospectively and analysed retrospectively for consecutive patients undergoing F-EVAR from September 2007–August 2010. All patients were unsuitable for conventional endovascular repair.

**Results:** Fifteen patients, all men with a mean age of  $72.1(\text{SD}\pm 5.9)$  years were treated during the observed period. Median follow-up was 12 (interquartile range 7–24) months. Forty-six target vessels were treated (32 fenestrations and 14 scallops) with 28 covered and 5 uncovered stents. Follow-up showed 1 renal artery stent occlusion. Two patients had small persistent type 2 endoleaks. There were no cases of type 1 endoleak, stent migration or graft limb occlusion and no re-interventions. The mean estimated Glomerular Filtration Rate remained unchanged for the duration of follow-up ( $P=0.993$ ). The D2 remained stable ( $P=0.268$ ) whereas D3 gradually reduced over the follow-up period although the difference did not reach statistical significance. There was no aneurysm related death and one death at 12 months was related to severe congestive cardiac failure.

**Conclusions:** F-EVAR is a valid treatment option for patients with complex aortic aneurysm morphology and is associated with low morbidity and mortality in the first year.

## 0114 EVIDENCE TO PREDICT INCREASED DIFFICULTY AND ADVERSE OUTCOME FOR ELECTIVE CHOLECYSTECTOMY

Stephan Lorenz, Aishling Jaques, Stuart Andrews, Saj Wajed. *Royal Devon and Exeter Hospital, Exeter, Devon, UK*

**Aims:** We investigate if patients initially presenting as an emergency with complications of cholelithiasis represent more of a challenge with subsequent elective surgery than those initially seen in outpatient clinic.

**Methods:** Retrospective analysis of elective cholecystectomy practice in district general hospital over 3 years. Notes and hospital database systems used for data capture. Same admission emergency cholecystectomies excluded.

**Results:** Between July 07 and March 10, 787 elective cholecystectomies included in study. 746 laparoscopic, 13 open and 28 converted (3.8%). Initial presentation of gallstone disease in outpatient clinic 540 patients (group 1) and as emergency admission 247 patients (group 2). Median time on waiting list 74 days.

Mean operation time for those patients in group 1 was 42 minutes vs 57 minutes for group 2 ( $p=0.001$ ). Conversion rates 2.6% vs 5.9% ( $p=0.03$ ). In incidence of complications not significantly different 9.2% vs 8.9% ( $p=0.18$ ). Median length of operative stay for group 1 was 1 day vs 2 days for group 2 ( $p=0.002$ ).

**Conclusion:** Those patients whose initial presentation of gallstone related disease is as an emergency, take significantly longer to operate on, have significantly higher conversion rate and are likely to stay longer post operatively. However complication rate is no different.

## 0115 SURGICAL SCHOLARLY ACTIVITY; PUBLICATION RATES OF GENERAL SURGEONS DURING A FIVE YEAR PERIOD IN A SINGLE UK DEANERY

Llion Davies<sup>1</sup>, S. Henry<sup>1</sup>, Thomas Reid<sup>1</sup>, John Mason<sup>2</sup>, Wyn Lewis<sup>1</sup>. <sup>1</sup>Department of Surgery, University Hospital of Wales, Cardiff, UK; <sup>2</sup>Cardiff Medical School, Cardiff, UK

**Aims:** Specialist registrars (SpR) in surgery frequently suffer criticism during the RITA process because of a perceived paucity of publication output. The aim of this study was to measure the publication output of Consultant Surgeons working within the Wales deanery during a 5 year period.

**Methods:** PubMed was searched for the cited publications of all substantive Consultant General Surgeons practicing in the Wales deanery between 2005 and 2009. Results were analyzed in relation to geographical area, hospital type, subspecialty interest, and impact factor.

**Results:** The total number of publications was 443 (12 RCTs, 336 scientific papers, 12 reviews, 71 case reports, and 12 letters). Of the 111 surgeons, 73 (65.8%) achieved at least one publication (median 2, range 0–62). Publication productivity was associated with teaching hospital status ( $p=0.008$ ), local health board or trust ( $p<0.001$ ) and university academic surgeons ( $p<0.001$ ). The median sum value of journal impact factor per consultant was 2.0810 (0 to 172.8710), and higher sum impact factors were associated with teaching hospital surgeons ( $p=0.005$ ), local health board ( $p<0.001$ ), university academic surgeons ( $p<0.001$ ), and publication productivity ( $p<0.001$ ).

**Conclusion:** Consultants and SpRs alike, who partake in the RITA process, should be aware of such data when discussing academic activity.

## 0118 THE ABCD OF HANDOVER: A SIMPLE SYSTEM TO IMPROVE THE QUALITY OF SURGICAL HANDOVER

Amir Sadri, Peter Dacombe, Beryl DeSouza. *Chelsea and Westminster Hospital, London, UK*

**Introduction:** Good clinical handover is vital to ensuring high care standards across numerous shift changes, so prevalent since introduction of EWTD. Handover processes are rarely monitored and prone to error, with serious adverse events a potential consequence.

**Aim:** To evaluate and improve handover quality in a tertiary referral centre for Plastics/Orthopaedics.

**Method:** The handover process was audited against standards set by Royal College of Surgeons. Data was collected over a month period for both initial and re-audit.

A simple model, the ABCD of Handover, to improve the quality of handover was then devised and implemented prior to re-audit.